

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<div style="text-align: center;"> CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information </div>	
CASE NUMBER:	

**THIS FORM WILL NOT BE FILED IN THE COURT FILE. IT WILL BE
MAINTAINED IN A CONFIDENTIAL FILE.**

Notice: This form must be completed and delivered to the court along with the court order for support. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number. **HOWEVER**, if the district attorney is involved in this case, you must deliver this form, and any updates to the form, to the district attorney instead of delivering it to the court.

1. Support order information (*this information is on the court order you are filing or have received*).
 - a. Date order filed: _____
 - b. ☐ Initial child support order or family support order ☐ Modification
 - c. Total monthly base current child or family support amount ordered for children listed below (*do not include child care, special needs, uninsured medical expenses, travel for visitation, spousal support, or court-ordered payments on past due support*):

(1) <input type="checkbox"/> child support: \$ _____	<input type="checkbox"/> reserved order	<input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> family support: \$ _____	<input type="checkbox"/> reserved order	<input type="checkbox"/> \$0 (zero) order
 2.
 - a. Person required to pay child or family support (*name*): _____
 - b. Relationship to child (*specify*): _____
 3.
 - a. Person or agency to receive child or family support payments (*name*): _____
 - b. Relationship to child (*if applicable*): _____
 4. The child support order is for the following children:

<u>Child's name</u>	<u>Date of birth</u>	<u>Social security number</u>
a. _____	/ /	- -
b. _____	/ /	- -
c. _____	/ /	- -
d. _____	/ /	- -
e. _____	/ /	- -
- ☐ Additional children are listed on a page attached to this document.

TYPE OR PRINT IN INK

(Continued on reverse)

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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file.

<p>5. Father's name: _____</p> <p>a. Date of birth: _____ / _____ / _____</p> <p>b. Social security number: _____ - _____ - _____</p> <p>c. Street address: _____ _____ _____ City, state, ZIP code: _____</p> <p>d. Mailing address: _____ _____ _____ City, state, ZIP code: _____</p> <p>e. Driver's license number: _____ State: _____</p> <p>f. Telephone number: (____) _____</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed Employer's name: _____ _____ Street address: _____ City, state, ZIP code: _____ Telephone number: (____) _____</p>	<p>6. Mother's name: _____</p> <p>a. Date of birth: _____ / _____ / _____</p> <p>b. Social security number: _____ - _____ - _____</p> <p>c. Street address: _____ _____ _____ City, state, ZIP code: _____</p> <p>d. Mailing address: _____ _____ _____ City, state, ZIP code: _____</p> <p>e. Driver's license number: _____ State: _____</p> <p>f. Telephone number: (____) _____</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed Employer's name: _____ _____ Street address: _____ City, state, ZIP code: _____ Telephone number: (____) _____</p>
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7. ☐ A restraining order, protective order, or non-disclosure order due to domestic violence is in effect.

a. The order protects ☐ Father ☐ Mother ☐ Children


b. From ☐ Father ☐ Mother

c. The restraining order expires (date): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

.....
(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF PERSON COMPLETING THIS FORM)

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INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form 1285.92) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database which, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the Superior Court on your order. This form is confidential and will not be filed in the court file. **HOWEVER**, if the district attorney is involved in this case, you must deliver this form and any updates to the form to the district attorney, instead of delivering it to the court. It is important to keep the court or the district attorney informed, in writing, of any changes in your address or phone number.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Front page, first box, top of form, left side: Print your name, address, telephone number, and fax number, if any, in this box. Attorneys must include their state bar number.

Front page, second box, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Front page, third box, left side: Print the names of Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the court order you are filing or have received.

Front page, fourth box, left side: Check the box indicating whether you are the mother or the father, or the attorney for either. Also, if this is the first time you have filled out this form, check the box by "first form completed." If you have filled out a form like this before, and you are changing any of the information, check the box by "change to previous information."

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print the court case number in this box. This number is also shown on the court order.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on the front page at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support order or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered is on the court order you are filing or have received.
 - (1) Check this box if your order says that child support is ordered. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, travel for visitation, spousal support, or court-ordered payments on past due support.
 - (2) Check this box if your order says that family support is ordered. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "reserved order" box. If the order says the amount

(Continued on reverse)

is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, travel for visitation, spousal support, or court-ordered payments on past due support.

2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the children.
3. a. Write the name of the person or agency that is supposed to receive child or family support payments.
b. Write the relationship of that person to the children.
4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box after item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

Top of second page, box on left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the front page.

Top of second page, box on right side: Print your court case number in this box. Use the same case number as on the front page, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a-g under number six below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write in your social security number.
 - c. List the street address, city, state, zip code, and country where you live.
 - d. List the street address, city, state, zip code, and country where you want your mail to be sent, if different from the address where you live.
 - e. Write in your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, self-employed, or not employed by checking the appropriate box. If you are employed, write in the name, street address, city, state, zip code, country, and telephone number where you work.
7. a. If there is a restraining order, protective order, or non-disclosure order, check this box. Check the box beside each person who is being protected by the restraining order.
b. Check the box beside the parent who is being restrained.
c. Write in the date the restraining order expires. See the restraining order, protective order, or non-disclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or non-disclosure order.

You must print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.